Peer Specialist Certification Board Support

Request for Proposals (RFP)

Release Date: September 2017
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I. INTRODUCTION AND BACKGROUND

1.1 PURPOSE OF THE REQUEST FOR PROPOSAL

The New York State Office of Mental Health (OMH) is issuing a Request for Proposal (RFP) to invite interested bidders to submit proposals to provide management and oversight of the New York Peer Specialist Certification Board (NYPSCB). Established in 2014, this board is comprised of experienced peer specialists who operate the process of determining the requirements for providing peer support services and adjudicating who meets those requirements. The Board issues official certifications, approves or denies recertification request, and responds to complaints of violations of the NYPSCB code of ethics. This service provides OMH with a credentialing process for peer specialists who provide services under the state 1115 Medicaid Waiver. Further, this credential allows OMH to ensure minimum qualifications of persons providing peer support services in state facilities.

Under this RFP OMH will seek to engage a qualified organization who will provide staffing, logistical and management support to the NYPSCB. The vendor will work with the current board to achieve the objectives of the Peer Certification Program.

The successful bidder will need to work with OMH to ensure the process and procedures implemented by the board meet the requirements of the state and federal guidelines. The vendor will provide OMH with regular reports about the certification program.

The remainder of this document provides additional information that will allow a service provider to understand the scope of the effort and develop a proposal in the format desired by The State of New York, Office of Mental Health.

II. PROPOSAL SUBMISSION

2.1 ISSUING OFFICER /DESIGNATED CONTACT

Pursuant to State Finance Law §§ 139-j and 139-k, OMH has assigned an Issuing Officer for this project. The Issuing Officer or a designee shall be the sole point of contact regarding the RFP from the date of issuance of the RFP until the issuance of the Notice of Conditional Award. An offerer/bidder is restricted from making contact with any other personnel of OMH regarding the RFP to avoid violating these laws or be deemed non responsible. Certain findings of non-responsibility can result in rejection for a contract award.

The Issuing Officer is:

Carol Swiderski
Contract Management Specialist 2
New York State Office of Mental Health
Community Budget and Financial Management, 7th Floor
44 Holland Avenue
Albany, New York 12229
2.2 ELIGIBLE ORGANIZATIONS

In order to be eligible, organizations must meet the following mandatory criteria:

- Have demonstrated experience in working within the mental health system and specifically with peer-run organizations.

- Have demonstrated experience with the process of establishing training and certification process for persons with lived experience which meet the requirements of Medicaid. This should include state level experience in implementing certification processes.

- Demonstrated ability to work with multiple stakeholder types such as service recipients, academia, provider agencies, government, etc.

- Be an existing New York State registered non-profit cooperation

- If unsure if your agency is an eligible applicant, contact the Issuing Officer identified in Section 2.1.

2.3 KEY EVENTS/TIMELINE

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<tr>
<th>Key Event</th>
<th>Anticipated Date</th>
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<tbody>
<tr>
<td>1. RFP Released</td>
<td>September 13, 2017</td>
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<td>2. Questions Due</td>
<td>September 27, 2017</td>
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<tr>
<td>3. Questions and Answers Posted on Website</td>
<td>October 13, 2017</td>
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<tr>
<td>4. Proposals Due</td>
<td>November 7, 2017</td>
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<tr>
<td>5. Anticipated Award Notification</td>
<td>December 1, 2017</td>
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<td>6. Anticipated Contract Start Date</td>
<td>January 1, 2018</td>
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2.4 RFP QUESTIONS AND CLARIFICATION

All questions or requests for clarification concerning the RFP shall be submitted in writing to the Issuing Officer by fax at (518) 402-2529 or by email by 9/27/17.

The questions and official answers will be posted on the OMH website by 10/13/17. and will be limited to addressing only those questions submitted by the deadline. No questions will be answered by telephone or in person.

2.5 ADDENDA TO THE REQUEST FOR PROPOSALS RFP QUESTIONS AND CLARIFICATION
In the event that it becomes necessary to revise any part of the RFP or extend the deadline for submission, OMH will post this information on their website and the NYS Contract Reporter. Any additional information related to the RFP will be posted on both. **It is the responsibility of the potential bidder to review the website regularly to ensure compliance with the terms and conditions of this RFP. No other notification will be given.**

### 2.6 DISQUALIFICATION FACTORS

Following the opening of bids, a preliminary review of all proposals will be conducted by the Issuing Officer or a designee to review each proposal's submission for completeness and verify that all eligibility criteria have been met. Proposals that do not meet basic participation standards will be disqualified, specifically:

- Proposals from applicants that do not meet the eligibility criteria as outlined in 2.2; or
- Proposals that do not comply with bid submission and/or required format instructions as specified in 2.8; or
- Proposals from eligible agencies with not-for-profit status who have not completed Vendor Prequalification, as described in 2.7, by proposal due date of 4:00 pm on November 7, 2017.

### 2.7 PROPOSALS EXECUTIVE ORDER #38

**Executive Order #38**

Pursuant to Executive Order #38, dated **January 18, 2012**, OMH promulgated regulations regarding limits on administrative costs of and executive compensation. See 14 NYCRR Part 513. Any contract awarded through this RFA will be subject to such restrictions and to related requirements. See Section VI, Appendix C of this RFA for a link to OMH Master Contract Forms and Instructions, Attachment A-1, Section A.12 (Mental Health Regulations). See also the Executive Order #38.

### 2.8 PROPOSAL FORMAT AND CONTENT

Bidders must submit one hard copy of the entire proposal package as described below as well as an agency identified flash drive containing the proposal as one document (Word or Portable Document Format (PDF), by U.S. mail or hand delivery. The due date and time for receipt of proposals is November 7, 2017 by 4:00 pm. It must be sealed in an envelope or boxed, and addressed to the Issuing Officer named above in 2. Bidders mailing their proposal should allow a sufficient mail delivery period to ensure timely arrival of their proposals. Submissions of proposals by email and facsimile will not be accepted. All proposals received after the due date and time will be returned unopened.

The proposal package should contain:

- **Completed Agency Transmittal Form (Appendix A)**
• **Proposal Narrative** - to be single spaced, one sided 12 point font and no more than 40 pages in length excluding attachments. Narratives must address the criteria described in Part V.

• **Letters of support.**
  - Maximum of 10 letters from any of the following:
    - New York State Consumer-run organizations (at least 3 letters must be from Consumer Run Organizations)
    - New York State Advocacy agencies;
    - Other collaborating Mental Health providers;
    - Other organizations

• **Appendix B and Appendix B1** Budget Summary and Budget Worksheets with narrative.

• The Operating Budget (Appendix B) and Budget Narrative (Appendix B1) are separate documents that appear in the RFP section of the OMH website and can be downloaded in PDF format. Bidders must not submit their own budget format. Failure to use the provider Operating Budget and Budget Narrative formats may result in disqualification for non-responsiveness.

• Entire submission on agency identified flash drive as one PDF document.

Proposals should be sent to:
Carol Swiderski
Contract Management Specialist 2
New York State Office of Mental Health
44 Holland Avenue
Contracts and Claims – 7th Floor
Albany, NY 12229
ATTN: RECOVERY CENTER AND PEER WORKFORCE SUPPORT RFP

III. ADMINISTRATIVE INFORMATION

3.1 METHOD OF AWARD

One award will be made to the proposal with the highest final evaluation score. In the case of a tie in the scoring process, the agency that scores highest in the Staff Management and Relevant Experience section will receive the award.

3.2 TERM OF CONTRACT

The term of the anticipated contract awarded will be 5 years. The anticipated start date is January 1, 2018. Selected applicants awarded a contract under this RFP will be required to adhere to all terms and conditions in OMH’s Non-Grant Contract [https://www.omh.ny.gov/omhweb/resources/providers/Directcontract/](https://www.omh.ny.gov/omhweb/resources/providers/Directcontract/).

3.2.1 Minority and Women Owned Business Enterprises
In accordance with Section 312 of the Executive Law and 5 New York Codes, Rules and regulations (NYCRR) 143, it is expected that all contractors make a good-faith effort to utilize Minority and/or Women Owned Business Enterprises (M/WBE) when there is an opportunity to subcontract or purchase supplies to carry out a contract with the lead contracting agency.

3.3 COST

$150,000 will be available annually to fund the awarded contract, subject to annual State appropriation.

3.4 RESERVED RIGHTS

The Office of Mental Health reserves the right to:

- Reject any or all proposals received in response to the RFP that are deemed non-responsive or do not meet the minimum requirements
- Withdraw the RFP at any time, at the agency’s sole discretion;
- Make an award under the RFP in whole or in part;
- Disqualify a bidder whose conduct and/or proposal fails to conform to the requirements of the RFP;
- Seek clarifications and revisions of proposals for the purposes of assuring a full understanding of the responsiveness to the solicitation requirements;
- Use proposal information obtained through the state’s investigation of a bidder’s qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency’s request for clarifying information in the course of evaluation and/or selection under the RFP;
- Prior to the bid opening, amend the RFP specifications to correct errors or oversight, or to supply additional information, as it becomes available;
- Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
- Change any of the scheduled dates via the OMH website and the NYS Contract Reporter;
- Eliminate any mandatory, non-material specifications that cannot be complied with by all of the prospective bidders;
- Waive any requirements that are not material;
- Negotiate any aspect of the proposal with the successful bidder within the scope of the RFP in the best interests of the State;
- Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder;
- Utilize any and all ideas submitted in the proposals received;
- Unless otherwise specified in the solicitation, every offerer is firm and not revocable for a period of 60 days from the bid opening; and
• Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer’s proposal and/or to determine an offerer’s compliance with the requirements of the solicitation.
• Cancel or modify contracts due to the insufficiency of appropriations.

3.5 DEBRIEFING

The Office of Mental Health will issue award and non-award notifications to all bidders. Both awarded and non-awarded bidders may request a debriefing requesting feedback on their own proposal, regardless if it was selected for an award, or disqualified, within fifteen (15) business days of the OMH dated letter. OMH will not offer ranking, statistical or cost information of other proposals until after the NYS Office of the State Comptroller has approved all awards under this RFP. Written debriefing requests may be sent to the Designated Contact, as defined in Section 2.1 of this RFP.

3.6 PROTESTS RELATED TO THE SOLICITATION PROCESS

Protests based on errors or omissions in the solicitation process, which are or should have been apparent prior to the deadline for receipt of all written questions for this RFP, must be filed prior to the deadline for questions. In the event a bidder files a timely protest based on error or omission in the solicitation process, the Commissioner of OMH or their designee will review such protest and may, as appropriate, issue a written response or addendum to the RFP to be posted on the OMH Website in the RFP section. Protests of an award decision must be filed within fifteen (15) business days after the notice of conditional award or five (5) business days from the date of the debriefing. The Commissioner or their designee will review the matter and issue a written decision within twenty (20) business days of receipt of protest.

All protests must be in writing and must clearly and fully state the legal and factual grounds for the protest and include all relevant documentation. The written documentation should clearly state reference to the RFP title and due date. Such protests must be submitted to:

NYS Office of Mental Health
Commissioner Ann Marie T. Sullivan, M.D.
44 Holland Avenue
Albany, NY 12229

IV EVALUATION FACTORS FOR AWARDS

4.1 CRITERIA
• **Comprehensive Evaluation of Technical and Cost Submissions**

Proposals that meet the eligible organization criteria will be reviewed comprehensively to assess the agency’s commitment and ability to accomplish the objectives outlined in this RFP. If a proposal is not complete or does not meet the basic eligibility and participation standards as outlined in Sections 2.2 and 2.8, the proposal will be eliminated from further review. The agency will be notified of the rejection of its proposal within 10 business days.

Evaluation of proposals will be conducted in two parts—Technical Evaluation and Cost Evaluation. OMH’s evaluation committee, consisting of at least three evaluators, will review the Technical portion of each proposal and compute a partial score. Each evaluator’s Technical score will be added together and averaged for a final Technical score. The cost scores will be computed separately based on a weighted average formula. The final Technical score and Cost scores are added together resulting in a total score. The proposal receiving the highest score will be awarded a contract. In the event of a tie score between 2 or more proposals, the tying proposals will be evaluated and scored by the program’s division director or his/her designee. The proposal with the highest score from the 2nd evaluation process will be awarded the contract.

• **Scoring**

Scoring will be as follows:

**Technical**

1. Executive Summary 5
2. Program and Service Strategy 40
3. Staff Management and Relevant Experience 30
4. Evaluation and Data 5
5. Letters of Support 5

**Budget** 25

**Total Points** 110

4.2 **PROPOSAL EVALUATION**

4.2.2 **TECHNICAL EVALUATION**

The technical evaluation will apply points to each narrative question addressed in sections V.: 5.4 through 5.11

4.2.3 **COST EVALUATION**
Points = (Lowest bid received divided by the bid being evaluated) x 25 points

4.3 AGENCY – RECOMMENDED AWARD AND NOTIFICATION

Upon completion of the evaluation process, notification of award or non-award will be sent to all successful and non-successful bidders. The award is subject to approval of a contract by the New York State Office of State Comptroller.

OMH reserves the right to negotiate special terms and conditions with individual bidders when making awards. The bidder must accept such terms and conditions for the award to take effect.

OMH reserves the right to conduct a readiness review of the selected bidder prior to the execution of the contract. The purpose of this review is to verify that the bidder is able to comply with all participation standards and meets the conditions detailed in its proposal.

V SCOPE OF WORK

5.1 INTRODUCTION

In order to successfully achieve its objectives including recovery from a mental health condition, providers need a competent and qualified workforce.

The Peer Specialist workforce is the first new workforce, whose services can be covered by Medicaid, to emerge in our country post a shift to focusing on recovery as envisioned in federal documents like the Surgeon General’s Mental Health Report (1999). Commonly known as Certified Peer Specialists, or Peer Support Specialists, this new workforce in behavioral health has the role of modeling their lived experience of recovery to promote hope and teaching skills for self-directed recovery and mind-body whole health and resiliency. As mounting research recognizes the positive impact of their work, their demonstrated competencies are also challenging deep-rooted beliefs that perpetuate societal and institutional stigma and what often becomes internalized as a negative self-image that can perpetuate hopelessness and despair. There have been three Summits held in 2009, 2010, and 2011 at the Carter Center in Atlanta attended by representatives from most state behavioral health authorities. These Summits, entitled the Pillars of Peer Support Services Summits, generated reports (Daniels et al, 2010 and 2011) that address the barriers and strengths to support and expand the peer workforce including an emerging new role in integrated physical and behavioral health (Daniels et al, 2012), also known as “whole health.”

Peer support that promotes mutual support and self-help originates in the United States with Native Americans forming social support groups to deal with alcohol use problems as early as 1772. Those support groups, in which group members organized and solved their own issues through mutual support, were led by the
group members themselves. The experiences of Native American peers evolved into some of the very first Literature on recovery and the first peer mutual-support groups with a focus on self-managing sobriety (White, 1998).

As the mental health peer movement has matured, peer supports have evolved into much more sophisticated community health workers, peer coaches along with health/wellness coaches as part of an international trend towards peer coaching/support as a part of chronic disease management. The Academy of Family Physicians Foundation (http://peersforprogress.org/learn-about-peer-support/what-is-peer-support/) has identified four core functions of that coaching/peer support as:

**Assistance in daily management**
Peer supporters use their own experiences with diet, physical activity and medicine adherence in helping people figure out how to manage diabetes in their daily lives. They can also help in identifying key resources, such as where to buy healthy foods or pleasant and convenient locations for exercise.

**Social and emotional support**
Through empathetic listening and encouragement, peer supporters are an integral part of helping patients to cope with social or emotional barriers and to stay motivated to reach their goals.

**Linkages to clinical care and community resources**
Peer supporters can help bridge the gap between the patients and health professionals and encourage individuals to seek out clinical and community resources when it is appropriate.

**Ongoing support, extended over time**
Peer supporters successfully keep patients engaged by providing proactive, flexible, and continual long-term follow-up.

SAMSHA has furthered this process working with Health Resources and Services Administration (HRSA) to provide support and guidance around emerging best practices (http://www.integration.samhsa.gov/workforce/team-members/peer-providers). “In integrated health, an emerging key role for peer providers is interventions that result in the activation of whole health self-management by those in recovery from behavioral health and chronic health conditions (Druss et al. 2010; Brekke et al. 2012). Growing national recognition of this critical role of self-management to promote resiliency and whole health resulted in creating a federally-funded peer-delivered training called Whole Health Action Management (WHAM) developed by the SAMHSA-HRSA Center for Integrated Health Solutions operated by the National Council for Behavioral Health.”

In 2007 the Center for Medicare and Medicaid Services (CMS) sent out guidelines to states on how to be reimbursed for services delivered by peer providers. In 2012, Georgia was approved as the first state to bill for a peer whole health and wellness service delivered by WHAM trained peer providers. On May 1, 2013 CMS issued further clarifying guidance on peer services stating that any peer
provider must "complete training and certification as defined by the state" before providing services. As of January 1, 2014, CMS expanded the types of practitioners providing Medicaid prevention services beyond physicians and other licensed practitioners at a state’s discretion which could include peer providers.

Beginning in 2013 New York state undertook an effort to work with peer leaders who have experience in developing and providing peer support services. This initial work group assisted OMH in the development of our initial requirements for the certification of peer specialist. In 2014 OMH selected a group of experienced peer service providers representing the diversity on the New York State Peer Specialist workforce. This board, now known as the New York Peer Specialist Certification Board (NYPSCB), is responsible for operationalizing the certification process and granting the credential of Certified Peer Specialist to qualified individuals.

New York wants to leverage and continuously improve our peer workforce and certification process by incorporating these and newly emerging best practices as they are identified.

5.2 OBJECTIVES AND RESPONSIBILITIES

Through this initiative the Office of Mental Health intends to enhance State capacity and infrastructure to be consumer-centered and targeted toward recovery and resiliency. The system should be consumer-driven by promoting the use of consumer run services along with a competent peer workforce within Medicaid and other funded programs. The program goals are to work with the current NYSPCB to:

1) Continually review and update, when needed, the professional competences of the peer workforce to meet the growing demands of Medicaid and Recovery Focused Service System
2) Develop process for approving qualified continuing education credits
3) Establish and operationalize the process for renewal of certifications
4) Continually review and update, when needed, the process for responding to complaints of ethical violations by certified peer specialist
5) Provide public information about the program and recruit interested individuals to apply for certification
6) Hire and supervise staff needed for day to day operation of the certification process

By providing appropriate certification New York State will be able to develop a qualified workforce for the delivery of Peer Support Service funded by Medicaid and other payers. This workforce will enable consumers to provide the guidance and foresight into changing the present system to a recovery-oriented system for all peers and thereby ensuring the implementation of the goals of the Final Report of the President’s New Freedom Commission on Mental Health.
All activities under this project should include and pay particular attention to OMH’s priorities as identified in the 5.07 plan.

5.3 OPERATIONAL INFORMATION

- The applicant should document expertise in operating programs which certify the skills of individuals with lived experience who work in the mental health system including state level certification processes.
- The applicant should maximize the use of existing resources including the transition of the existing board, tools and process from the current vendor.
- The applicant should ensure that changes in required training for persons seeking certification are made in accordance with OMH approved requirements.
- The applicant should ensure the board membership is maintained in accordance with OMH approved requirements.
- Staffing must be available to meet and participate in OMH planning and other support sessions as required.
- Applicant should have a documented history of positive programmatic involvement with the community to be served.
- It should be demonstrated that material and products such as audio-visual materials, Public Service Announcements (PSA’s) training guides and print materials to be used in the project are gender/age/culturally appropriate or will be made consistent with the population to be served.
- Applicant should address continuity of the work of the existing board will be maintained as the applicant assumes the responsibility for staffing, logistical and management support to the NYPSCB.
- Applicant should describe their process for partnering with the Academy of Peer Services in development of any changes to training requirements.
- Mental health service recipients (including but not limited to those on the Certification Board) should be a planned participant in all phases of program design. There should be an established mechanism to provide members, reflective of the target group to be served, with opportunities to influence and help share the projects proposed activities and interventions.
- There should be objective evidence / indicators in the application that the applicant organization understands the cultural aspects of the community that will contribute to the program’s success and which will avoid pitfalls.

Successful bidder will coordinate with OMH advisory groups empaneled to provide consumer focused guidance to the project including OMH contracted technical assistance providers, the regional advisory committee and the Academy of Peer Services.

5.4 EXECUTIVE SUMMARY

Contractor will be required to provide an overview of the program design, addressing the objectives set forth by the RFP.
5.5 DELIVERABLES

Contractors will be required to:

- Initiate services identified by the strategies and objectives below on 1/1/18;
- Develop a written communication plan (as approved by OMH) to ensure the coordination and regular flow of information between the contractor, OMH Office of Consumer Affairs and peers who have been or are seeking certification across New York State;
- Report monthly on the number of services provided by objective, detailing number of hours of service, identification of organizations providing service, the number of people provided the service, locations of service delivery, and other data elements required by OMH.
- Please address how your organization, in conjunction with the existing NYPSC Board, will successfully meet the objectives in each of the strategies listed below:

Strategy 1 – Review and update, if needed, the professional competences of the peer workforce to meet the growing demands of Medicaid and Recovery Focused Service System

Objective 1.1 - Conduct a bi-annual needs assessment of the competencies of the peer workforce to be used to prioritize potential changes to required competencies;

Objective 1.2 – Based on the outcomes of the needs assessment conducted in Objective 1.1, determine additions or deletions to the required competences;

Objective 1.3 – Identify, in conjunction with OMH Office of Consumer Affairs and the Academy of Peer Services, specific trainings which will need be available to ensure appropriate training of perspective applicants for certification;

Objective 1.4 – Building on existing resources, assemble marketing materials and create a mechanism to distribute information on those training opportunities identified in Objective 1.3 to the individuals that are part of the mental health peer workforce or may become part of the peer workforce throughout New York State per an approved dissemination plan;

Objective 1.5 – Identify or develop a mechanism to track individuals who apply for certification and their completion of all requirements for certification;

Objective 1.6 – Develop and disseminate, per an approved plan, marketing materials on any updated certification requirements developed and implemented in Objective 1.3.

Strategy 2 – Develop process for approving qualified continuing education credits
Objective 2.1 - Conduct a bi-annual needs assessment of the continuing professional development needs of the peer workforce to be used to prioritize potential continuing education opportunities.

Objective 2.2 – Based on the outcomes of the needs assessment conducted in Objective 2.1, determine the continuing education training needs of the peer workforce.

Objective 2.3 – Identify existing training opportunities that address the training needs prioritized in Objective 2.2.

Objective 2.4 – Develop process for organizations offering trainings to apply to be approved for continuing education credit

Objective 2.4 – Assemble marketing materials and create a mechanism to distribute information on approval process developed in Objective 2.3 to interested parties per an approved dissemination plan.

Objective 2.5 – Identify or develop a mechanism to track trainings which have been approved to provide continuing education credits.

Objective 2.8 – Develop and disseminate per an approved plan marketing materials on the continuing education opportunities approved in Objective 2.5.

Strategy 3 – Establish and operationalize the process for renewal of certifications

Objective 3.1 – Conduct a bi-annual needs assessment of certified peer specialists related to the process of recertification;

Objective 3.2 – Based on the outcomes of the needs assessment conducted in Objective 3.1, develop or adjust a process for persons who have previously been certified to apply for renewal of their certification;

Objective 3.3 – Assemble marketing materials and create a mechanism to distribute information on the recertification process developed in Objective 3.3 to individuals with current active certification per an approved dissemination plan.

Objective 3.5 – Identify or develop a mechanism to track individuals who apply for certification and their completion of all requirements for certification or recertification;

Objective 3.6 – Develop and disseminate per an approved plan marketing materials on recertification process developed and implemented in Objective 3.5.

Strategy 4 – Review and update, if needed, the process for responding to complaints of ethical violations by certified peer specialist
Objective 4.1 – Develop a process with a specific plan to receive and respond to complaints of ethical violations by certified peer specialist;

Objective 4.2 – Update ethic statements for certified peer specialist to reflect any changes resulting from the process developed in Objective 4.1;

Objective 4.3 – Based on the process developed in Objective 4.1, develop and disseminate, marketing materials to publish the process per an approved plan.

Strategy 5 – Provide public information about the program and recruit interested individuals to apply for certification

Objective 5.1 – Develop a process with a specific plan to provide information to the interested parties about the certification program. This should include items such as presentations at conferences, website, and printed material

Objective 5.2 – Based on the plan developed in Objective 5.1, develop and disseminate per an approved plan, materials to educate mental health programs and recruit potential peer specialist.

Strategy 6 – Hire and supervise staff needed for day to day operation of the certification process

Objective 6.1 – Develop a staffing plan, including supervision processes, to address the staffing of the program operations;

Objective 6.2 – Recruit and hire qualified individuals to care out the duties outlined in the plane developed in Objective 6.1.

5.6 PROGRAM AND SERVICE STRATEGY

Please address the following areas:

- Describe the organization’s experience in the development of successfully implemented process of establishing training and certification process for persons with lived experience which meet the requirements of Medicaid
- Describe the organization’s experience working within the mental health system and specifically with peer-run organizations
- Describe the organizations experience working with a professional body to review and approve individual qualifications.
- Identify any cash or in-kind contributions that will be made to the project.
- Describe how the organization would collaborate and communicate with consumer-run organizations; what obstacles you would envision; and how
your organization would address these obstacles in the implementation of this initiative.

- Describe how the continuity of the work of the existing board will be maintained as the applicant assumes the responsibility for staffing, logistical and management support to the NYPSCB.

- Describe how recipients are involved in the preparation of the application, and how they will be involved in the planning, implementation, and evaluation of the project.

- Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.

- Describe the organization’s existing practice or vision to promote
  - Professional development of peer workforce,
  - Supervision practices for Certified Peer Specialists
  - Certification Board development and operation,
  - Self-help / peer support.

5.7 STAFF, MANAGEMENT, AND RELEVANT EXPERIENCE

- Provide a realistic time line for the project (chart or graph) showing key activities, milestones, and responsible staff. [Note: The time line should be part of the Project Narrative. It should not be placed in an appendix.]

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations, including experience in providing culturally appropriate/competent services.

- Provide a list of staff who will participate in the project, showing the role of each and their level of effort and qualifications. Include the Project Director and other key personnel to meet OMH approval.

- Describe how the staff will contribute to the multicultural, bilingual, and diversity needs of the project; describe life experiences of the staff that will benefit the project.

- Describe the resources available for the proposed project (e.g., facilities, equipment). Provide evidence that services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and amenable to the target population

- Describe your organizations capability to implement this initiative:
  - Relationships to peer organizations;
  - Training in self-help, rehabilitation and recovery approaches;
  - Time frame for implementation;
5.8 EVALUATION AND DATA

- Describe the process and outcome evaluation. Include specific performance measures and target outcomes related to the goals and objectives identified for the project in your Project Narrative.

- Document your ability to collect and report on the required performance measures as specified in the RFP, including data required by OMH to meet various reporting requirements. Specify and justify any additional measures you plan to use for your project.

- Describe plans for data collection, management, analysis, interpretation and reporting. Describe the existing approach to the collection of data, along with any necessary modifications. Be sure to include data collection instruments/interview protocols in the Appendix.

- Discuss the reliability and validity of evaluation methods and instruments(s) in terms of the gender/age/culture of the target population.

- Describe how collection, analysis and reporting of performance data will be integrated into the evaluation activities.

5.9 BUDGET

Budget must conform to the following stipulations. Failure to adhere to the limits as described below will result in removing any additional expenses from the final contract budget, if awarded a contract:

- Staffing and Fringe should not exceed 35% of the value of the annual funding (this amount could potentially be exceeded if covered by in-kind contributions)
- Other Than Personal Services (OTPS) should not exceed 5% of the value of the annual funding
- Certification Board meetings should not exceed 50% of the annual funding
- Admin/Overhead should not exceed 10% of the annual funding
- No start-up expenses are allowed
- No out-of-state travel will be considered

5.10 LETTERS OF SUPPORT

Maximum of 10 letters will be accepted.

5.11 RESOURCES
VI  CONTRACT OVERVIEW

6.1 Contract Provisions

Portions of the selected proposal may be included as part of the final contract. Final contracts will also include standard NYS boiler plate documents including Appendix A, Appendix A-1, Appendix B-Budget, Appendix C-Payment Schedule, Appendix D-Work plan, Appendix F-Confidentiality Agreement, Appendix X, applicable OMH Aid-to-Localities Spending Plan Guidelines (referred to as the “Guidelines”), and any applicable riders or other information deemed appropriate by OMH. The “non-grant” contract boilerplate and Guidelines are available for review at https://www.omh.ny.gov/omhweb/resources/providers/Directcontract/

6.2 Acceptance of Terms and Conditions

In order to be responsive to this solicitation, a bid must satisfy the specifications set forth in the RFP. A detailed description of the format and content requirements is presented in Part II of this RFP. OMH reserves the right to waive minor irregularities and inconsistencies of the proposal.

6.3 Dispositions of Proposals

All proposals received by the due date become the property of OMH and shall not be returned. The successful proposals may be incorporated into the resulting contract and will be public record. Any proposals received after the due date will be returned to the bidder unopened.
VII ATTACHMENTS

ATTACHMENT A

DEFINITIONS OF TERMINOLOGY USED THROUGHOUT THIS RFP

Self-help, mutual or peer support, and peer-run organizations exist on a continuum from doing things for one-self to large multi-faceted organizations.

**Self-help** refers to methods that individuals use to help or improve oneself without assistance from others.

**Mutual or peer support** refers to groups of people who share a common experience (i.e. having received a diagnosis of mental illness) who come together in order to provide each other with moral support, information, and advice.

**Peer-run organization** refers to those organizations (including mutual or peer support groups) that are member-run, in which the majority of staff and a majority of the board are made up of people who would qualify for membership (i.e. individuals who have used mental health services or been psychiatrically labeled) (see Attachment B for a more detailed description). Many peer support groups, peer run organizations and some traditional mental health providers provide information on self-help but have come to use the term in ways that refer to the “industry” of peer support or peer-run organizations.

There are four characteristics which make up a peer support or mutual help group as cited by the American Self-Help Group Clearinghouse. They are:

- **“Mutual help”** - This is the primary dynamic process that takes place within the group -- it's people helping one another and helping themselves in the process. Experiences are shared, knowledge is pooled, options are multiplied, hopes are reinforced, and efforts are joined as members strive to help one another.
- **Member-Run** - Member run and "owned". Providing a sense of belonging and reflecting members' felt needs. They are not professionally run groups. If professionals are involved (and in many cases they are) they serve in ancillary supportive roles, i.e., they are "on tap, not on top" as some groups describe it.
- **Composed of Peers** - members share the same problem/experience, providing a powerful "you are not alone" sense of understanding, which can often lead to an almost instant sense of community at the first meeting.
- **Voluntary Non-Profit organization** - volunteer-run" or at a minimum voluntary participation, “no fees; dues if any are minimal. They are, as described by A. Tofler in his 1980 book, The Third Wave, as "prosumers," rather than "consumers."
Peer support groups often begin with a single individual or small group wanting to meet their own specific need for support. Peer-run organizations are the outgrowth of these groups as they grow and develop creating more groups to address identified need. Attachment C provides a listing with descriptions of the types of services historically offered by peer-run organizations.

**New York Peer Specialist Certification Board** refers to the groups of experienced peer specialist from across New York State who have been approved by the Office of Consumer Affairs to determine certification requirements and who meets those standards.
DEFINITION OF A PEER-RUN PROGRAM

To qualify as a peer run program, organizations must meet the following criteria:

1. At least fifty-one percent (51%) of Board members must be peers.
2. All Boards of authentic peer run organizations, regardless of the percentage of peer membership must have a quorum made up of peers for voting purposes.
3. Peers must hold the majority of staff positions in a peer run organization, including all the leadership and program management positions.
4. Peer initiatives that contract with a fiscal sponsor* qualify as peer run if the following conditions are met:
   a) the program is staffed by a majority of peers, including all the leadership and program management positions; peers supervise all non-peers.
   b) all personnel decisions are made solely by the peer program.
   c) all program decisions are made solely by the peer program.
   d) all financial decisions, except those dealing with the administrative needs of the fiscal sponsor (e.g. costs for accounting, administering program funds, yearly audit, reporting) are made solely by the peer program.

Recipient of mental health services means someone who has received an Axis I or II diagnosis or has spent at least 30 days as any combination of the following:

- an inpatient on a hospital psychiatric unit
- a recipient of SSI and or SSDI based on a psychiatric disability
- a psychiatric outpatient in in Continuing Day Treatment (CDT), Intensive Psychiatric Rehabilitation Treatment (IPRT), Community Residence, sheltered workshop, or similar program.